

Department of Social Services  
**APPLICATION FOR ADOPTION ASSISTANCE**

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This application is for adoption assistance on behalf of \_\_\_\_\_  
(Adoptive Child). It is understood that approval of this application is based on the child's eligibility as a special needs child and not on the financial circumstances of the adoptive family. However, we/I understand that the financial circumstances of the adoptive family and the availability of community resources must be taken into consideration when determining the amount of any payment to be made. We/I will, therefore, provide information in regard to income, expenses and insurance coverage to assist the agency in determining the amount of payment necessary to meet the needs of this child.

A request is being made for:

- ☐ Non-recurring expenses related to finalizing the adoption of the above named child;
- ☐ A conditional adoption assistance agreement. Although this child is a special needs child, we/I are not requesting payments or services at this time but may apply at a later date. We/I understand that any future application must be related to this child's special needs which are specified on the adoption assistance agreement;
- ☐ Maintenance payments which will help with the daily expenses of raising this child;
- ☐ Special service payments which will help meet the costs of this child's medical and other special needs;
- ☐ Medicaid and Title XX services only.

My relationship to this child is:

- ☐ None
- ☐ Foster parent

It is understood that we/I have the right to appeal decisions made by the agency regarding this application.

Adoptive Mother _____	Street Address _____
Adoptive Father _____	City, State, Zip _____
Date _____	Telephone _____